

RYS SPRING '02 INTRAMURAL SOCCER REGISTRATION

DEADLINE: SATURDAY, APRIL 6

***Mail registration form and \$70 check (or your credit card number) payable to Rye Youth Soccer to Patti Adimari, registrar, 12 Hammond Rd., Rye, NY 10580 OR fax (with credit card #) to Rye Youth Soccer at 967-2019 OR drop off at Rye Recreation (9-5 Mon-Fri) OR register on-line at our website ryeyouthsoccer.org with your Visa, Discover or MasterCard credit card

LAST NAME _____ FIRST NAME _____ BOY/GIRL
(circle one)

GRADE (as of 9/01) _____ Has child played for Rye Youth Soccer Previously? _____

ADDRESS _____ TOWN _____ ZIP _____

PHONE _____ SCHOOL _____ BIRTHDATE _____

E-MAIL ADDRESS _____ FAX _____

VISA, DISCOVER OR MASTERCARD CREDIT CARD # _____

NAME AS IT APPEARS ON THE CARD: _____ Expiration date: _____

ALLERGIES/PHYSICAL LIMITATIONS _____

I am willing to volunteer as: Head Coach Asst. Coach Team Mgr Grade Commissioner
Prior experience? _____ Volunteer's Name _____ (circle one of above)

I agree that I hold the City of Rye, Rye Recreation Department, the Rye Youth Soccer Club and each of their officers, members, employees and agents blameless for injury sustained by my child or myself, however caused, in the course of all practice sessions and games. I also agree that neither I nor anyone on my behalf shall prosecute any claim or cause of action against the City of Rye, Rye Recreation Dept., Rye Youth Soccer Club or any of their officers, members, employees or agents on account of any injury, however caused.

Parent/Guardian Signature: _____